

**Electronic Patent Application Fee Transmittal****Application Number:**

10669925

**Filing Date:**

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**Title of Invention:**

Anti-HLA assay and methods

**First Named Inventor/Applicant Name:**

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**Filer:**

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**Attorney Docket Number:**

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**Utility under 35 USC 111(a) Filing Fees****Description****Fee Code****Quantity****Amount****Sub-Total in  
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Extension - 3 months with \$0 paid

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Description	Fee Code	Quantity	Amount	Sub-Total in USD(\$)
Miscellaneous:				
Total in USD (\$)				555